

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Third District			
Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator			
Area Code/Phone Number 213 974-3333	E-mail yvaladez@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 130

Event Description: Curious Incident Date(s) 9/3/17
Provide Title/Explanation of the Day

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Abnason Theatre
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	<u>2</u>	Per Ticket Policy 5.3(K)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Yolanda Valadez Ticket Administrator 10/23/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 165

Event Description: The Red Shoes Date(s) 9/15/17 9/21/17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Ahmanson Theatre
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	<u>8</u>	Per Ticket Policy 5.3(K)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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[Signature] Yolanda Valadez Ticket Administrator 10/23/17
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: 9/22/17 9/24/17

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 249

Event Description: Carmen Date(s) 9/20/17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Opera
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

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Board of Supervisors	<u>2</u>	Per Ticket Policy 5.3(K)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Yolanda Valadez, Ticket Administrator			
Area Code/Phone Number	E-mail		
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 75

Event Description: Simply Shakespeare Date(s) 9/18/17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Freud Theatre (UCLA)
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

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